

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

MASTEROBJECTS, INC.,

Plaintiff,

v.

AMAZON.COM, INC.,

Defendant.

Civil Action No. 1:20-cv-3478

JURY TRIAL DEMANDED

AFFIDAVIT OF
FRANCESCA MIKI SHIMA
GERMINARIO IN SUPPORT
OF MOTION FOR ADMISSION
PRO HAC VICE

Francesca Miki Shima Germinario, being duly sworn, deposes and says that the following facts are true and correct to the best of her personal knowledge:

1. I am a member of the New York State Bar and of the California State Bar, and am associated with the firm of Hosie Rice LLP, attorneys for Plaintiff in the above-entitled action.

2. My office is located at Transamerica Pyramid, 34th Floor, 600 Montgomery Street, San Francisco, California 94111. My telephone number is (415) 247-6000.

3. I make this affidavit pursuant to Rule 1.3(c) of the Local Civil Rules for the Southern District of New York, in support of the Application of Francesca Miki Shima Germinario to Appear Pro Hac Vice.

4. I have never been convicted of a felony.

5. I have never been censured, suspended, disbarred or denied admission or readmission by any court.

6. There are not now, nor have there ever been any disciplinary proceedings against me.

Dated: 5/8/2020


Francesca Miki Shima Germinario

CALIFORNIA JURAT

GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of SAN FRANCISCO

Subscribed and sworn to (or affirmed) before me on

this 8TH day of MAY, 2020, by
Date Month Year

(1) FRANCESCA MIKI SUMA GERMINARIO

(and (2) _____),
Name(s) of Signer(s)



Place Notary Seal and/or Stamp Above

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Lynne Rose Maylath
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____